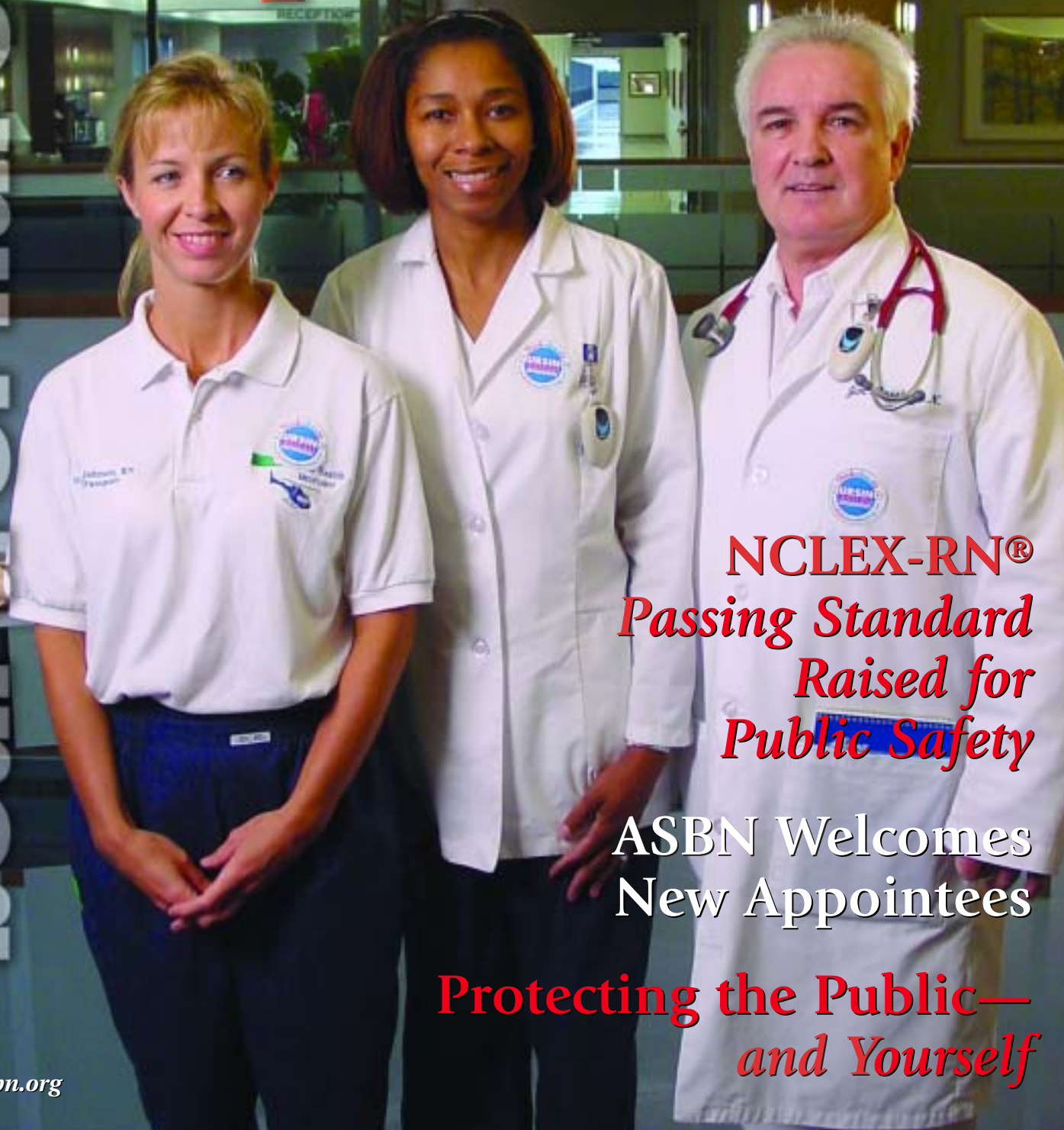


Official Publication of The Arkansas State Board of Nursing

ASBN *Update*

Volume 8 Number 1



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*Passing Standard
Raised for
Public Safety*

**ASBN Welcomes
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ASBN Update

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The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.

EXECUTIVE DIRECTOR Faith A. Fields, MSN, RN

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'Twas the Season...

The Board of Nursing staff revealed their giving spirit as they relegated their usual Christmas gift exchange to a more noble effort. Staff gathered non-perishable food for the Arkansas Food Bank, a distribution center with a service area that includes 44 counties and, through 450 agencies, feeds 40,000 needy families a month. The agencies that utilize food from the Arkansas Food Bank include Watershed, Union Rescue Mission, local church food banks, homeless shelters, and low-income daycares. Calculated on weight, the food donated by staff will provide 108 meals to needy families.

The Board staff also donated clothing, diapers, and numerous other items to the Dorcas House, the women and children's ministry of the Union Rescue Mission. Located in Little Rock, the Dorcas House provides shelter, food, clothing, therapy, transportation, on-site day-care, and on-site medical care for homeless and abused women and children. According to the agency's director, Pat Blackstone, at least half of the Dorcas House residents are children. Dorcas House does not solicit or receive any federal, local or United Way Funds.

The following statistics were taken from the Dorcas House brochure: A woman is beaten every 15 seconds or murdered every six hours by a partner or ex-partner. Two and a half million children were abused last year, and 1,300 abused children died as a result



Board staff Georgia Manning Lewis, Faith Fields, Margie Brauer, and Deborah Jones present staff donations to Pat Blackstone (second from right), director of Dorcas House.

of that abuse. Fifty percent of all women in the U.S. will be a victim of violence and/or sexual assault at some time in their lives. Battering is the single major cause of injury to women, surpassing auto accidents, rapes, and muggings combined.

The staff of the Board of Nursing were honored to give to such worthy causes.

president's message

As the new president of the Arkansas State Board of Nursing, I'd like to tell you a little about myself. I live in Hope with Doug, my husband of thirty years, who is a building contractor. Our son Brandon is a senior business major at UALR and is employed with NuVell Credit



Corporation. I've been a nurse for twenty years, starting as an LPN in 1983. I graduated with an associate degree and was licensed as an RN in 1986. Most of my nursing career has been spent as a nursery nurse at Medical Park Hospital in Hope, although I have worked in medical-surgical nursing and home health.

This is my seventh year on the Board, and I've participated in literally hundreds of board meetings and

disciplinary hearings. While the majority of our cases involve drug-related issues, we also see many nurses whose lack of knowledge of the *Nurse Practice Act* has gotten them into trouble.

Did you know that you are required by law to keep the Board informed, in writing, of your current address? Unfortunately, nurses often don't learn of this until it's too late and they are already in trouble. Here's the way it often happens: A nurse moves and fails to notify the Board (sending a notice to the post office isn't enough), the nurse's license then comes up for renewal, but the nurse doesn't receive the renewal application. The nurse fails to look at the license's expiration date and doesn't know that it's expired. Then on a job change, the license has to be viewed, or the current employer needs a copy of the license.

Oops!—the license has expired, so the nurse contacts the Board to see how to get it renewed. This is when the Board finds that this individual has been working without a valid license. Depending on how long the license was expired, this nurse could get a letter of warning, a letter of reprimand, probation, fines, or even suspension. Sadly, I've seen this happen many times; many nurses think that if they don't receive a renewal notice, then it is not their fault that the license has expired. But it is their fault. In case you didn't know, your license expires on the last day of your birth month every even or odd year, depending on the year you were born.

Not keeping the ASBN notified of your current address can have other consequences as well. Many of our disciplinary hearings are held without the presence of the nurse in question. Most of the time, it's because the nurse chooses not to appear after receiving notice. But some

nurses aren't even aware that a hearing is being held, because they never received the notice. The reason—the Board didn't have a current address. Board staff make every effort to locate nurses who are being investigated, but with the large number of complaints being received, they must make the most of their time. I think many of the nurses who fail to appear for their hearing think that we can't have a hearing without them. But since the law allows the Board to proceed with the hearing as long as notice was sent to the last known address of the nurse, that's exactly what we do. It has to be a shock for nurses to find out later that their license is under probation or suspended when they didn't know a complaint had been filed against them. They can appeal the Board's decision within thirty days, but the excuse that they never got the notice doesn't work. We've all heard it said that ignorance of the law is no excuse, and that's how the Board sees it too.

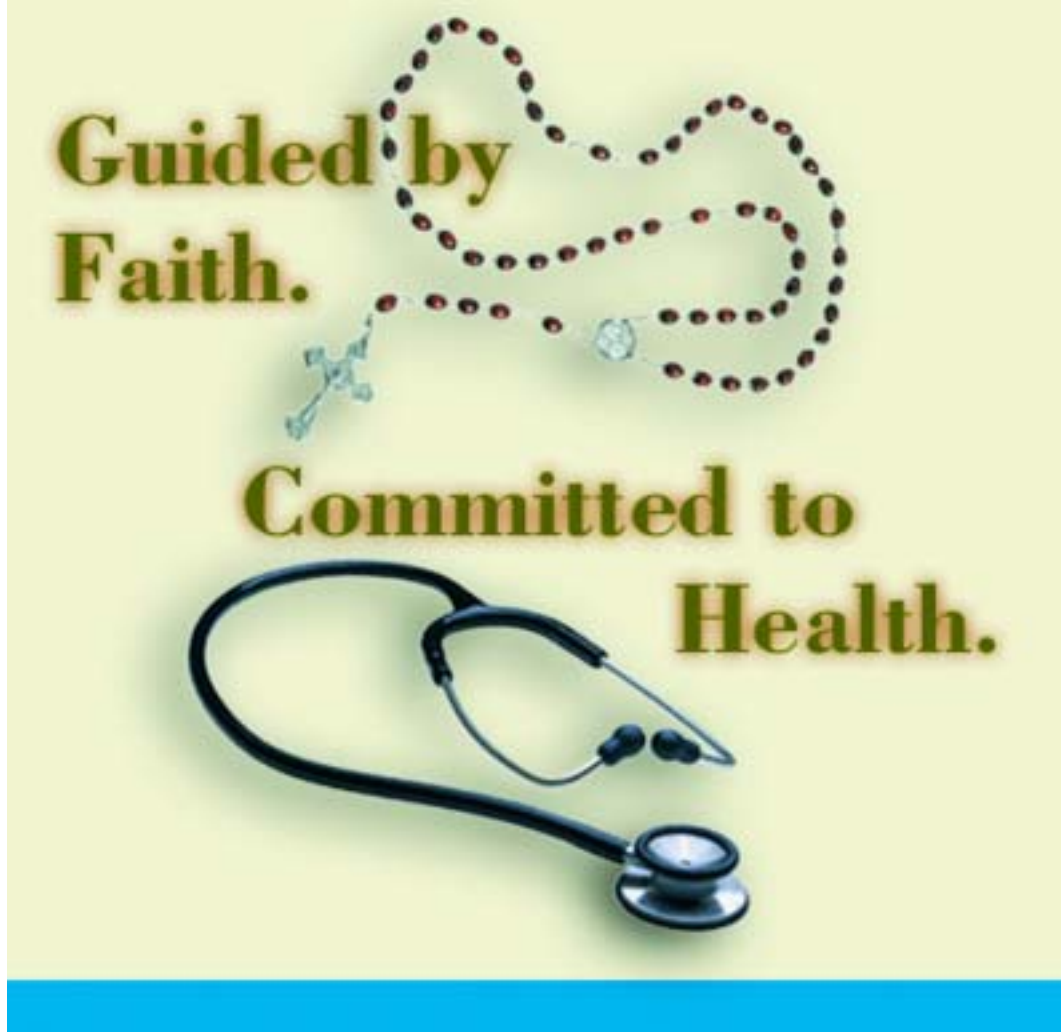
Providing false information on a job application or on your license renewal form is also a violation of the *NPA*. Honesty is one of the foundations of nursing. Think of the responsibilities you are given in your job everyday; your employers and patients trust in you to provide good care. Because of this trust, you function independently for the most part. No one is watching your every move to be sure you follow orders or give the medications you're supposed to give. Therefore, honesty is essential.

Some nurses are disciplined for lying on job applications. During investigations for other complaints, the Board staff often obtain job applications. If something on it doesn't match what is already known about the nurse, the investigation is expanded to include past employers listed on that application. Following the paper trail can get very involved, and there may not be a happy ending for the nurse. If you have trouble remembering the dates that you worked at a certain place, or you can't remember why you left, keep a resume and update it often. Take it with you when you apply for a new job and you won't get caught in this trap. Even if you were fired in a past job, it's better to admit this than to end up with an encumbered license.

The consequences these nurses suffered may seem like a harsh lesson, but holding a nursing license is a privilege, not a right. When you received your nursing license, you became a professional; the Board and the public expect you to act like one.

Lawana Waters

Lawana Waters, RN



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EOE

executive director's message

Noted 19th century author Henry Drummond once said, "I shall pass through this world but once. Any good therefore that I can do or any kindness that I can show to any human being, let me do it now. Let me not defer or neglect it, for I shall not pass this way again." Shirley MacLaine may not agree with that but many, including myself, emphatically do.



I just completed a study of the book by Rick Warren entitled *The Purpose Driven Life*, which endeavors to help a person answer the age old question, "What on Earth am I here for?"

There is no denying purpose because without it we would not exist.

It is purpose that guides us, drives us, and defines us. The last two sentences come from the modern day philosophy of the movie *Matrix Reloaded*! However, I believe it to be true. Purpose... people have been talking about it for years.

The ASBN's sole purpose is protection of the public. Public protection guides, drives, and defines everything the

Board does. If you've ever wondered what on Earth the Board is here for—now you know.

Public protection takes many forms. The Board protects the public through: (1) nursing education program approval; (2) licensure examination and initial licensure; (3) disciplinary processes; (4) endorsement; (5) continuing education requirements; (6) criminal background checks; and (7) license renewals.

I frequently get the question, "What does the Board do for me in exchange for my dues?" To which I promptly reply, this is not an association, it is a regulatory agency. Nurses don't pay dues to the Board, the licensure fee is a tax used to protect the public. You can't decide not to be a member and not pay the fee unless you are willing to give up practicing in the profession.

Protection of the public—it is the Board's goal, objective, and mission, and we accomplish it by effectively regulating the practice of nursing.

Faith A. Fields

Faith A. Fields, MSN, RN

letters to the editor

To Dan West, RN, Former ASBN President:

I recently gave a guest lecture at a nursing forum in Little Rock. My intention was to speak about patient advocacy and what the nurse's responsibility is in regards to that role. There were sixty-eight nurses in attendance. I began by asking how many of them had read the *Arkansas Nurse Practice Act*. Ten nurses raised their hands. I followed with asking how many of them had read the *Arkansas State Board of Nursing Rules and Regulations* for Registered Nurses. Five nurses had read it. I then asked how many of them had read the American Nurses Association's Code of Ethics for Nurses. One nurse raised her hand.

I do not know who was more surprised. Myself, looking at a room full of managers and tenured nurses, or them that these documents were in existence. I found myself lecturing on the foundations of nursing.

Afterwards, I reviewed the Rules and Regulations for Registered Nurses, knowing that these elements were surely

required curriculum. There it was in chapter six, page 6-12, though a bit buried. I find it hard, if not impossible, to meet these requirements without using the documents mentioned above. I searched the cobwebs of my brain trying to remember if I had been exposed to this in my training. I spoke with some of my old classmates, and they too were among the majority who had not read those now seemingly phantom documents.

Your message is always the first thing I read in the *ASBN Update*. I find your scenarios all too familiar. I have also found that no institution seems to be immune from the plague of what I call "unconscious nursing". The litigious nature of Americans is only growing. The responsibility for at least part of that fact has to lie with healthcare providers. Consumerism is engulfing nursing just as it has the practice of medicine. As healthcare becomes more industrialized, I fear nursing negligence will only increase.

Amy L. Hester, RN

Not Documented! Not Done!

New focus on healthcare quality makes documentation critical

Healthcare quality has become a topic of growing public interest, with payors and consumers asking for more accountability and quality-of-care information from providers. With increasing workloads and limited resources, healthcare professionals are challenged to provide consistent, high-quality care for all patients—and careful documentation of that care has never been more important.

Helping healthcare providers meet the challenges of a changing healthcare climate is one responsibility of the Arkansas Foundation for Medical Care (AFMC). For a number of reasons, Arkansas ranks near the bottom

"The medical record is the only written proof of the care that a patient received."

in providing guideline-recommended care. As the quality improvement

organization (QIO) for Arkansas, AFMC offers free consultative services for the state's healthcare providers in hospitals, clinics, nursing homes, home health agencies and other settings, to promote guideline-recommended care in priority clinical topics identified by the Centers for Medicare & Medicaid Services (CMS). For hospitals, those topics are acute myocardial infarction, heart failure, community-acquired pneumonia, and surgical infection prevention. AFMC also works in the targeted areas for physician offices: diabetes, breast cancer prevention and adult immunization (influenza and pneumococcal). *continued on page 27*

The Arkansas Foundation for Medical Care offers free posters, consumer education materials and research-based intervention tools to help you communicate with your patients.

Our statewide educational efforts complement yours. This winter, we'll be promoting diabetes and breast cancer awareness, adult immunizations and well child visits.

For more information on our quality improvement projects or to order our free tools, call (877) 375-5700 or visit us online at www.afmc.org.

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NCLEX-RN® Passing Standard Raised for Public Safety

The National Council of State Boards of Nursing voted at its December 2003 meeting to raise the passing standard for the NCLEX-RN® examination. The new passing standard is -0.2800 logits on the NCLEX-RN® logistic scale, 0.070 logits higher than the previous standard of -0.3500. The new passing standard will take effect on April 1, 2004, in conjunction with the new 2004 NCLEX-RN® Test Plan.

NCSBN increased the passing standard in response to changes in U.S. health care delivery and nursing practice that have resulted in the increased acuity of clients seen by entry-level RNs. After considering all available information, the Board of Directors determined that safe and effective entry-level RN practice requires a greater level of knowledge, skills, and abilities than was required in 1998, when NCSBN established the current standard.

The NCSBN Board of Directors used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of nine

nurses to perform a criterion-referenced standard setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of a national survey of nursing professionals that included nursing educators, directors of nursing in acute care settings, and administrators of long-term care facilities.

The NCSBN Board of Directors evaluates the passing standard for the NCLEX-RN® examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan content evaluation, conducted using a practice analysis of entry-level RNs. This three-year cycle was developed to keep the test content and passing standard current with entry-level practice.

Other Changes to the NCLEX® Exams

In January 2004, the frequency in which candidates are able to repeat the NCLEX-RN® and NCLEX-PN® exam increased. In the past, candi-

dates who failed the NCLEX exam had to wait 90 days between exams. Now they are able to repeat the NCLEX® Exam as often as every 45 days. This allows candidates to take the exam up to eight times each year.

Based on a recent practice analysis of RN graduates, changes in the NCLEX-RN® Test Plan were made. The practice analysis, which included over 4,000 newly licensed registered nurses, surveyed employment settings as well as looked at the frequency and type nursing care activities that newly licensed nurses performed in their job settings. The major changes to the test plan include an increase in the content related to management of care and pharmacology as well as a decrease in the categories of psychosocial integrity and the promotion of wellness. This test plan becomes effective in April 2004. The 2004 NCLEX-RN® Test Plan is available now free of charge electronically for download or in hard copy for purchase via the NCSBN web site, www.ncsbn.org. The distribution of content on the newly revised RN Test Plan is in the chart below.

NCLEX-RN® (2004) Effective April, 2004	
CLIENT NEED CATEGORIES/SUBCATEGORIES	PERCENTAGE OF TEST QUESTIONS
A. Safe, Effective Care Environment	
Management of Care	13%-19%
Safety & Infection Control	8%-14%
B. Health Promotion & Maintenance	6%-12%
C. Psychosocial Integrity	6%-12%
D. Physiological Integrity	
Basic Care & Comfort	6%-12%
Pharmacological & Parenteral Therapies	13%-19%
Reduction of Risk Potential	13%-19%
Physiological Adaptation	11%-17%

board business



Board member **Lance Black** is currently serving in Iraq.

November Board Meeting Highlights

At the November 2003 Board meeting, the Board took the following actions:

Granted continued full approval to the National Park Community College Practical Nurse Program in Hot Springs until the year 2006.

Granted continued full approval to the Arkansas Northeastern College Associate Degree Program in Blytheville until the year 2008.

Granted approval to the University of Arkansas Community College at Morrilton Practical Nurse Program for a distance education site at Clinton. The

distance education site classes will start in Spring 2004. Another site visit will be conducted upon completion of the renovation of the practical nurse education area in the current Ozark Health Medical Center.

Approved the revised ASBN Rules and Regulations Chapter Six, Standards for Nursing Education Programs to be effective January 1, 2004.

Voted that the Board issue a Letter of Warning to audited individuals who signed their license renewal applications indicating that they had met con-

tinuing education requirements but in fact had not meet the CE requirements at the time of license renewal.

Voted to pursue legislation to regulate unlicensed assistive personnel.

Approved the Position Statement "Assistive Personnel Applying and Measuring Tuberculin Skin Tests" as submitted.

Elected new officers who are President Lawana Waters, Vice-President Karen Buchanan, Treasurer Kathy Hicks, and Secretary Karen Taylor.

BOARD MEETING DATES

February 11 Disciplinary

February 12 Disciplinary

The public is invited to attend ASBN Meetings. Groups of more than five should contact LouAnn Walker at 501.686.2704

March 10 Disciplinary

March 11 Disciplinary

April 14 Disciplinary

April 15 Disciplinary

important information

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LOST OR STOLEN LICENSE

A listing of all lost or stolen licenses can be found at www.arsbn.org. All reissued licenses will have duplicate stamped on them. Employers are urged to inspect the original license from a job applicant and verify the nurse's identity with a photo ID.

ASBN Welcomes Two New Appointees

Governor Mike Huckabee recently appointed **Tracy McLaughlin**, RN, and **James Carr**, EdD, for four-year terms to the ASBN Board.

Ms. McLaughlin resides in Violet Hill, Arkansas, with her husband Jim and their children Kyler and Lauren. She said she loves being a nurse and is fully aware of the importance of the Board's role in addressing the issues and concerns of the nursing profession. Currently, she is a PN instructor at Ozarka College in Melbourne and works in the emergency room at White River Medical Center. Ms. McLaughlin is a graduate of the Baptist School of Nursing in Memphis and has 13 years of experience.

Dr. James Carr is the representa-

tive of the elderly population on the Board. During the establishment of the school of nursing at Harding University, Dr. Carr served as liaison to the ASBN and has maintained a close relationship with the Harding School of Nursing for more than 25 years. Among his many accomplishments, Dr. Carr was a member of the administrative staff at Florida State University and Harding University.

Currently Dr. Carr works at the White County Medical Center in Searcy. For the past six years, he has represented the older residents of the region in the area of community relations. Dr. Carr is a member of the Executive Committee of the White River Area Agency on Aging and is a member of the board of directors of

seven residential centers in a ten-county area, serving as president of the board of directors for five of these centers. He is also an active member of his local AARP chapter.

Ms. McLaughlin replaced **Clemetine Wesley**, RN, whose term expired October 1, 2003. Ms. Wesley served on the Board from 2000-2003 as the Diploma RN representative. Dr. James Carr replaced **Michael Canney** who served as ASBN Treasurer from 2000-2003. Mr. Canney resigned from the Board in June after moving to Santa Fe, New Mexico. The Board acknowledges their commitment to the Board's mission and greatly appreciates their leadership and many contributions as Board members.

Role of Consumer Members

The composition of the Arkansas State Board of Nursing includes two consumer members, one of whom represents the elderly population, must be sixty (60) years of age or older, and must have never been a nurse. James Carr, EdD, of Searcy was recently appointed to this position (see related article above). The other consumer position is held by Pamela Crowson, a retired RN. As consumers of health care, both of these board members are more than qualified to fill these positions.

Pamela Crowson who has not practiced as an RN in eleven years states, "Having a nursing background has been a big help, but the responsibilities of a board member are not just about the practice of nursing. When making decisions in regards to disciplinary hearings, I find I do not use my education in nursing as much as I do my life experience. My decisions are based more on common sense, values, ethics, and making sure the general public is protected from nurses who are less than professional or have problems which prohibit

them from being the most professional, caring, and knowledgeable they can be."

Dr. Carr has spent more than 50 years in higher education. While serving as a member of the administrative staff at Florida State University, a program in nursing was established. Although he was not directly involved, he was well aware of the processes involved in the beginning of the nursing program. For two years, while serving in an administrative position at Harding University, he was responsible for the ongoing development of a school of nursing. This program, established in 1975, has graduated more than one thousand nurses. For the last six years, he has worked part-time for the White County Medical Center in community relations. One of his responsibilities is to represent the medical center to the Senior Citizen Centers in the area. He is currently serving as President of 5 housing projects for residents 62 years of age or older with limited income. He states, "These responsibilities have given me a sincere appreciation for

the many challenges faced by our older citizens."

Dr. Carr says that his "...great admiration for the profession of nursing has deep roots. Two of my aunts were nurses and served for many years in a hospital setting and as public health nurses." Dr. Carr added, "I do not take this appointment lightly. I will be representing 16.5 percent of the population of the state. Arkansas has almost 500,000 individuals 62 years old or older. Few states have a higher percentage of older citizens. I am deeply honored to serve as a member of the Arkansas State Board of Nursing as a representative of my generation. It is my sincere desire to serve well those I represent."

Ms. Crowson states, "My love and respect for the nursing profession makes me dig deeper into my soul to accomplish our goal. I only hope that in a small way I can make a difference. It is my goal and my responsibility as a board member to protect all consumers of Arkansas and to uphold the honor and integrity of the nursing profession."

University of Arkansas for Medical Sciences Medical Center

By Pam LaBorde, RN, MSN *Clinical Nurse Specialist, Patient Care Services*

MANY NEW AND EXCITING CHANGES are occurring at the University of Arkansas for Medical Sciences Medical Center. Of particular interest in the Department of Patient Care Services are changes being implemented to support nurse involvement in decision making and patient care issues.

A shared governance infrastructure, Professional Nursing Organization (PNO), has been in place at UAMS since the late 1970's. The infrastructure is made up of seven councils to address various aspects of professional nursing practice at UAMS. These councils include: Executive Council, Leadership Council, Scope of Practice Council, Standards of Practice Council, Recognition Council, Personnel Management Council, Quality Improvement Council, and Staff Nurse Advisory Council.

Nurses come together to determine all aspects of professional nursing practice at UAMS. The integrity of the PNO relies heavily upon meaningful participation of all nurses. Such participation exemplifies the philosophy that the bedside professional nurse is key to making

appropriate decisions about the work environment and clinical practice. "I believe that our Shared Governance is a unique process in which professional nurses can have input and positively effect their nursing practice and policies. The RNs who participate represent their peers and help to positively effect communication between nursing administration, nursing management and staff RNs and frequently other health care disciplines. It also provides opportunities to problem solve among the different nursing units, develop more effective team spirit and recognize that we all have the same goal of outstanding and

compassionate patient care" states Joyce Randof, RN, MNSc, BC, Associate Director for Patient Care Services.

One of the newest councils in the UAMS Professional Nursing Organization is the Staff Nurse Advisory Council (SNAC). Staff nurse representation from all inpatient units and two representatives from the outpatient area comprise the council. Members were chosen by their clinical managers and the council meets monthly.

The overall goal of the SNAC is to make recommendations to the Chief Nursing Officer for development and/or implementation of strategies, programs, and initiatives aimed at enhancing professional nursing practice and improving patient and staff satisfaction at UAMS Medical Center. SNAC also provides a forum for staff nurses to network with peers on clinical nursing issues.

In August 2003, the Staff Nurse Advisory Council met for a retreat to set the council's course. Staff nurses collaborated to identify and to prioritize issues they felt important to providing quality patient care and to promote professional nursing at UAMS. Members are working hard on several critical issues.

One subcommittee focuses efforts on recognition and retention of UAMS nurses. The subcommittee has developed two programs that will soon be piloted



which will help team members recognize and provide immediate feedback to other team members for a "job well done." The program will also facilitate recognition from patients, families, and visitors for team members who went "above and beyond" in their service for patients and families.

Another subcommittee is collaborating with the Housekeeping Department to improve the patient environment. SNAC members solicited feedback from their peers which will be utilized in future efforts with the Housekeeping Department.

The last subcommittee is addressing the need for improved discharge planning. This subcommittee has been partnering with social workers to enhance the discharge process and making needed adjustments to documentation. Lana Gwatney, RN, BSN, BC for Float Pool comments, "I have enjoyed being a member of the Staff Nurse Advisory Council at UAMS because I feel that my ideas are listened to and make a difference".

The Staff Nurse Advisory Council members are strengthening the relationship between ancillary departments and nursing in trying to tackle issues to improve the service and care provided at UAMS. Staff nurses are learning more about how to facilitate change through networking

effective use of resources. Members are increasing their understanding as they become more involved and are continuing to develop their problem solving skills. "I have learned so much in the last



few months about overall processes that make an institution operate. I enjoy being a part of positive change and it seems to me that administration is willing to listen to our suggestions. I love seeing hard work on projects pay off in the end" states Georgia Johnston, RN, CCRN, Staff Nurse Apheresis Unit.

The council would not be successful without the support and encouragement from management. Nursing Administration strongly supports the efforts of the councils and supports council members obtaining needed resources to carry out council's activities. "Satisfied nursing staff, satisfied patients and the quality of nursing care are inseparable. If nurses are committed to bring their unique knowledge and perspective of bedside nursing care to a forum where problems can be positively impacted, then this results in a win-win situation for all concerned" states Mary Helen Forrest, RN, MNsc, Director of Nursing.

Members are compensated for personal time used for council activities and members



are recognized on performance evaluations for their involvement in shared governance activities. Involvement in shared governance is an expectation of every nurse as reflected in the RN job description.

Members of the Staff Nurse Advisory Council have committed the needed time and effort

necessary to accomplish group goals. Informal leaders have begun to emerge and momentum has increased. Some members have enhanced their leadership skills by attending workshops to learn to facilitate meetings and group work.

The Staff Nurse Advisory Council continues to grow and strengthen and has begun to make a positive impact on nursing and patient care at UAMS Medical Center. The ongoing success can be described by Amy Hester, RN, Float pool: "I would say that my personal benefit has been the opportunity to collaborate with other nurses who share the same motivations and goals for both the patients of UAMS and the



institution as a whole. I find it to be a committee dedicated to worthwhile and feasible goals that do not get bogged down with complainers and negative attitudes. Everyone respects the opinion of others and everyone is professional and courteous. Our interactions are educational and have a real sense of value. Our efforts are recognized and appreciated by nursing administration. I find we are able to benefit both patients and other nurses in our efforts."

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Arkansan Bids Farewell To An Old Friend

Everybody likes a quitter. If that sounds somewhat backwards, just spend a minute with John Dodds, and you'll begin to see the upside to that statement. When it comes to cigarette smoking, one could say that this Camden native is an expert in his field.

Dodds began his smoking career at the tender age of 16 for the wrong, but very common, reason — peer pressure. In 1967, the United States was in the midst of a new era of freedom. Young teens were self-proclaimed adults. What better time to experiment with tobacco? It was legal, easily accessible and very adult-like.

"What seemed so cool at first, quickly became a habit and eventually an addiction I couldn't break free from," Dodds said. Thirty-six years, 1,872 weeks and more than 13,000 days of doing something over and over again, that would be hard to change. He shared that he smoked up to one and a half packs, or 30 cigarettes, per day. That averages to more than one each hour.

Dodds' story is not that different than those of thousands of Arkansans who smoke today. He tried to quit. Numerous times. In fact, he tried about everything in the book. But, here's where his story took an important turn. Thanks to a 1997 newspaper article listing proposed spending efforts of the state's portion of the Master Tobacco Settlement dollars, now known as the Tobacco Prevention and Education Program (TPEP), Dodds called it quits. He said, "I remember reading that and

thinking, 'Now this is the best thing the state could ever do with that money', so I voted for it."

Since then, TPEP has implemented the nine Best Practices outlined by the Centers for Disease Control and Prevention through the Stamp Out Smoking (SOS) campaign and other initiatives. And they are working. One such example of dollars at work is the SOS Quitline introduced in January 2003. The Mayo Clinic administers a toll-free hotline available 24/7 to all Arkansans interested in quitting tobacco use. Last year alone, 12,000 people called the Quitline and 2,000

of them were successful in quitting.

Dodds called 1-866-NOW-QUIT on January 17, 2003 and proudly celebrates that day as his Quit Day. "I had already made up my mind that I wanted to quit. I didn't feel good and I knew I wasn't healthy. I'm only 52

years old. I want to live to be a hundred," he said.

When asked about his Quitline experience, he reported, "I was impressed with the counselors and how knowledgeable and helpful they were." He went on to say how he felt their sincerity, "...like they really wanted to help me through this." Dodds received ongoing counseling

"If I could say one thing to kids, it's simple. Don't start."

and a round of patches to help break his addiction.

He stayed smoke-free until the holidays. He became extremely stressed as the season arrived and was reminded of his mother's death exactly one year prior. These are very real obstacles and can be hard to overcome. He admitted to a six-week relapse, but then realized why he had stopped before—to live a long, healthy life. The great thing

for him was still having the Quitline. He is still in contact with his counselor.

"If I could say one thing to kids, it's simple. Don't start," Dodds said. "It's not worth it. Think about the poisons you'd be putting in your body. And, think of the money you'll save for more fun and important things. Think about your future."

That's a message that most any young person could relate to. And, with the cost of a pack of cigarettes now between \$4-5, Dodds is saving about \$2,000 a year. Not bad for a quitter.

John Dodds is living proof that one can stop smoking cigarettes with determination, willpower and commitment. And, he has credited much of his success to a strong support system of friends, family and his Quitline counselors.

Still think nobody likes a quitter?

For more information on the SOS campaign, visit the campaign web site at www.stampoutsmoking.com.



From Karen Taylor
Board Member

ONLINE RENEWAL A BREEZE FOR SELF-PROCLAIMED "DINOSAUR"

When I graduated from high school almost forty years ago, ten-key adding machines and typewriters were the only "technology" in the business office. For years, having just these skills worked for me. When I graduated from nursing school, the computer world was just beginning to emerge, and we were told that the typewriter was going the way of the dinosaurs. I don't think I've seen a typewriter in about 20 years now.

I felt like a dinosaur when I began my first attempt to renew my license online. After spending 30 minutes fighting with my vintage computer trying to connect to the Internet, I decided to go to the Board office and use the computer located outside the front office. In just a few seconds, I was able to renew my LPN and LPTN licenses! Now the problem will be remembering what I did two years from now! Thanks to the Board staff for making this option to renew online available.

In addition to the computer located in the reception area of the Board office, online renewals may be possible at places of employment and public libraries.



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by Georgia Manning Lewis
Director of Advanced Nursing Practice



APN Q&A

Q Does the APN's prescription pad have to also have the name of a physician printed on it?

A There is no regulation or law requiring it. According to the *ASBN Rules and Regulations* Chapter Four, Section VIII.E., "All written prescriptions issued by the APN shall contain the name of the client, and the APN's name, telephone number, signature with the initials 'APN', prescribing identification number issued by the Board, and should also include information contained in Subsection D.5.a-f...."

- a. Medication and strength;
- b. Dose;
- c. Amount prescribed;
- d. Directions for use;
- e. Number of refills; and
- f. Initials or signature of APN.

Pharmacy Services at the Arkansas Department of Health recommends that the APN's name and contact information be printed on the prescription for identification purposes.

Q I have prescriptive authority and a DEA number. My collaborating physician is concerned about forged prescriptions and does not want me to write my DEA number on my prescriptions? Do I have to write the DEA number on prescriptions for controlled substances?

A Yes, *ASBN Rules and Regulations* Chapter Four, Section VIII.E.2. states, "All prescriptions for controlled substances shall be written in accordance with federal regulations. The APN's assigned DEA registration number shall be written on the prescription form when a controlled substance is prescribed." Preprinting your DEA number on your prescription pad is not recommended.

Q I am an advanced nurse practitioner with certification as a geriatric nurse practitioner. My collaborative practice agreement for prescriptive authority is with an Internist/Geriatrician. I have been asked to rotate weekend call and assess and treat all adult patients over 21. I am also a registered nurse practitioner, so could I see these non-geriatric patients under my RNP license and call in prescriptions

from protocols signed by the physician? Would I identify myself as an APN, RNP, or both?

A The *Arkansas State Board of Nursing Rules & Regulations* Chapter Four, Section I. states that the APN shall practice in accordance with the scope of practice defined by the appropriate national certifying body. It further states that the "...APN may provide health care for which the APN is educationally prepared and for which competence has been attained and maintained." Section VIII.A.6. stipulates that the collaborative practice agreement shall be with an Arkansas licensed physician who has a practice comparable in scope, specialty, or expertise to that of the advanced practice nurse. Your collaborative practice agreement should include a statement that your practice will be limited to geriatric patients. RNPs work under protocols developed in collaboration with and signed by a physician. The RNP's scope of practice is defined in relation to acts recognized by the nursing profession that are in conformity with the *NPA*. The *Rules & Regulations* Chapter One, Section III.B. requires that identification be prominently displayed and clearly legible such that the person receiving care may readily identify the type of nursing personnel providing such care. You need to communicate clearly when you are practicing in the RNP role (treating non-geriatric patients) and not the APN role.

Q I am planning to relocate and have already found a collaborating physician in the new city. Do I need to notify the Board of the change?

A According to *ASBN Rules and Regulations* Chapter Four, Section VIII.D.3.e., the APN shall "consult the Board for direction the next working day following termination of the collaborative practice agreement." You may mail or fax (501.686.2714) your letter stating you are ending your collaborative practice agreement. A new, original collaborative practice agreement with the latest collaborating physician should be mailed to the Board, where it will be kept on file.

APN Certification Exams Closed for Changes

The American Nurses Credentialing Center has announced new computer-based testing (CBT) examination forms, and some advanced practice certification exams are going to be closed to candidates in order for the test forms to be changed. The dates and amount of time that the examinations will not be available vary greatly. The nurse practitioner (NP) and clinical specialist (CS) examinations with the longest down time are:

The Acute Care NP, Adult Psychiatric and Mental Health NP, Pediatric Nursing CS, and the Family Psychiatric and Mental Health NP Certification Examinations will be closed from November 15, 2003, to March 1, 2004.

The Adult Psychiatric and Mental Health CS examination will be closed from February 17, 2004, to May 27, 2004

The Gerontological Nursing CS examination will be closed from November 15, 2003, to February 12, 2004

The Medical-Surgical CS examination will be closed from May 18, 2004, to August 24, 2004

A complete listing of the affected certification examinations and the dates that they will not be available to candidates can be found on the ANCC website. Below is a link to the web page.
<http://nursingworld.org/ancc/certification/announce.html#newforms>



Protecting the Public— and Yourself

“...you must acknowledge any convictions, whether expunged or not.”

Arkansas, like all states, has many professions that have rules and regulations that must be followed for a member to remain in good standing. The court system and the state legislature do not have the knowledge, the time, or the resources to “police” these professions. Many years ago, the legislature set up a method of controlling these professions through their own governing bodies by providing them power to conduct administrative hearings. This is where the Arkansas State Board of Nursing gets the power to regulate practice, to license, and to punish for infractions against the rules and regulations the Board has in place. The Board is charged with protecting the public from the unsafe practice of nursing.

At one time, the ability to protect the public was pretty easy, but today, that is no small task. Unfortunately, temptations and drug availability make nurses easy prey to fall into the very dangerous practices of diversion, falsification, and other infractions that can cause them to lose their licenses to practice nursing, thus their livelihood and their profession. Arkansas Code Annotated § 17-87-309, gives the Board the authority to “deny, suspend, revoke or limit any license to practice nursing or certificate of prescriptive authority issued by the board.” Following are some actions that can cause you to be placed on probation or to lose your license completely.

Upon proof that the nurse is guilty of fraud or deceit in obtaining a license to practice nursing, the Board has the authority to act. As a practicing attorney, I have been in Court when a Judge will tell someone that their record is to be expunged and they don’t ever have to tell anyone about the conviction. This is not correct information. In Arkansas, we have written opinions from the Attorney General that you must acknowledge any criminal activity in your background when applying for a professional license. Many people have things in their past that they aren’t

particularly proud of, however, when applying for a nursing license, you must acknowledge any convictions, whether expunged or not. Criminal background checks will reveal convictions, whether expunged or not, and then you have falsified your application and may face additional charges.

Nurses found guilty of a crime or gross immorality, who are unfit or incompetent by reason of negligence, habits, or other causes could lose their nursing licenses. Nurses found to be habitually intemperate or addicted to the use of habit forming drugs or mentally incompetent can be placed on supervised probation or lose their licenses. Nurses using drugs that have not been prescribed for them or who are diverting drugs from patients for personal use may end up before the Board. Today, with the more refined urine checks for drugs, labs are very sophisticated in detecting drugs and their by-products. More and more employers are using this tool to determine if anyone on their staff is using a drug not prescribed for them. Hospitals are especially aware of the necessity for this type of testing for people who are exposed to controlled substances everyday. Right now, I would say the Board hears more disciplinary cases for the above reasons than for anything else. As a combined charge, the nurse will also be charged with unprofessional conduct for any of the above infractions.

The names of disciplined nurses are now entered into a national data bank, just as physicians are, when they are called before the Board and disciplined for their actions. These black marks on their records stay forever. The nurse cannot just go to another state to practice and think that no one will know about this record.

Finally, a nurse found guilty of any of the following crimes listed in the Nurse Practice Act will not be allowed to practice nursing in the State of Arkansas: murder, manslaughter, negligent homicide, kidnapping, false imprisonment, aggravated robbery, first degree battery, aggravated assault, introduction of a controlled substance into the body of another person, terroristic threatening in the first degree, rape and carnal abuse, sexual abuse of adult or child, incest, endangering the welfare of an incompetent person or minor, permitting child abuse, theft of property, theft by receiving, arson, burglary, felony violation of the Uniform Controlled Substance Act, promotion of prostitution, stalking, criminal conspiracy, and criminal attempt.

Most of you will look at the above list and say you would never be involved in such a thing, and for the most part, that is true. Please remember the law does not recognize ignorance as a defense to a criminal charge.

Be alert, be aware, and think long and hard about your actions. If offered something for your headache that was prescribed for someone else, consider that you may be randomly tested at work the next day. You would have a positive drug screen with no prescription in your own name for that drug. As a health care professional, you are expected to know better, yet we see this all the time. I encourage you to think carefully about all your actions. Becoming a nurse isn’t easy, and we don’t want to see any of you lose your license over a foolish mistake. Take pride in who you are and what you have accomplished. Protect yourself, just as I know you would your patients, and be the very best nurse and advocate you can be for yourself and for them.

Practice Q&A

Q What do I need to do to work as an independent contractor or start my own staffing agency?

A The ASBN regulates the individual nurse. The *Nurse Practice Act* and the ASBN

Rules & Regulations apply the same, regardless of the setting or who you consider your employer to be (facility, agency or individual patient). The *NPA, Rules and Regulations* and *Position Statements* are available on the Board's web site, www.arsbn.org. You should be familiar with each of

them to ensure you are practicing appropriately, regardless of the setting. The Board does not regulate the facility or agency. You would need to consult the Arkansas Department of Health and/or the Office of Long Term Care regarding their regulations that may apply in your situation.

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Q Can my employer have my license taken away if I refuse to work an extra shift?

A The Board has sole authority over your nursing license. The ASBN Rules and Regulations Chapter Seven, Section XV.6. gives this example of unprofessional conduct, "Leaving your nursing care assignment without notifying the appropriate personnel." For the ASBN to take action against your nursing license, the facility would have to provide evidence that you left without notifying the appropriate personnel. The employer may take action, including termination, regarding your employment at that facility. See a detailed article on patient and employment abandonment on our website, www.arsbn.org, at Publications, ASBN Update, Annual 2001, page 7.

Q My employer requires me to hold a license for the position I was hired to do. Am I considered to be practicing nursing? I do no direct patient care.

A Any time that you use the knowledge, skill, or judgment gained through your nursing program and/or nursing experience, you are practicing nursing. If you are directing others who are doing the hands-on care, you are practicing nursing. If you are making decisions about the delivery of nursing care, you are practicing nursing.



Unprofessional Conduct

The Arkansas State Board of Nursing may take disciplinary action against a nurse's license if the nurse is found guilty of various offenses. Nurse B was charged with the following offenses:

Is unfit or incompetent by reason of negligence, habits, or other causes:

The *ASBN Rules and Regulations* defines the term "negligence" as the failure to do some act of nursing which a licensee should do, guided by those ordinary considerations which regulate the practice of nursing; or the doing of something which a reasonable and prudent licensee would not do under the same or similar circumstances in the practice of nursing.

The term "gross negligence" is an exercise of such minimal care as to justify the belief that there was a conscious disregard or indifference for the health, safety, or welfare of the patient or the public and shall be considered a substantial departure from the accepted standard of care.

Is guilty of unprofessional conduct:

The *ASBN Rules and Regulations* defines unprofessional conduct as an

act "which in the opinion of the Board, is likely to deceive, defraud, or injure patients or the public, means any act, practice, or omission that fails to conform to the accepted standards of the nursing profession and which results from conscious disregard for the health and welfare of the public and of the patient under the nurse's care..." An act that the board would consider unprofessional conduct includes:

- Failing to assess and evaluate a patient's status or failing to institute nursing intervention which might be required to stabilize a patient's condition or prevent complications.

Case Facts:

- Nurse B graduated from an LPN program and passed the exam in 1977. She held a current license to practice as an LPN.
- A certified nursing assistant reported to Nurse B that a resident had choked while being fed breakfast. This resident was reported to have a poor appetite for the week prior to the incident.
- Nurse B fed the resident 100% of

the food on the lunch tray.

- Nurse B failed to follow or implement standard nursing procedures when the resident vomited after being fed and subsequently stopped breathing when the head of the bed was lowered.
- Nurse B failed to follow standard nursing procedures when she continued to clean the resident and change linens after discovering the resident had quit breathing. Nurse B documented the resident was without pulse, respirations or blood pressure and the pulse oximeter reading was zero over a fifteen minute span of time.
- Nurse B failed to call for help and did not attempt to suction the resident.
- During the hearing, Nurse B stated she did not start CPR because the resident was over 90 years old and had a "Do Not Resuscitate" order.

Implications:

- The Board ruled that Nurse B used poor judgment in overfeeding a resident who had had a poor appetite and was known to Nurse B as choking on the previous meal.
- Nurse B also used poor judgment in lowering the head of the bed right after the resident had vomited.
- Nurse B failed to intervene to stabilize the resident's condition and to prevent complications when she continued to clean the bed after the resident stopped breathing.
- Application of a "Do Not Resuscitate" order was inappropriate in this case as the resident was vomiting from being overfed. The head of the bed should have remained in the upright position. Removal of the vomitus would have prevented aspiration and respiratory and finally cardiac arrest.

Board Action: Nurse B's nursing license was revoked. Revocation of a nursing license is a permanent loss of license in Arkansas.

Nursing Practice Committee

At the November 2003 Nursing Practice Committee meeting, the following actions were taken:

After conducting a six-month trial on the application of tuberculosis skin testing by unlicensed assistive personnel in the Arkansas Department of Health's Northwest Region, RNs Pam Perry and Hazel Mabry reported a significant increase in identifying and treating tuberculosis in the Hispanic and Marshallese communities of Northwest Arkansas. The extensive training and supervision provided the unlicensed assistive personnel prevented adverse affects and/or inappropriate testing. Based on the documentation presented, the committee made the recommendation and the Board approved Position Statement 03-2, Assistive Personnel Applying and Measuring Tuberculin Skin Tests. This position statement is available on the ASBN web site.

The committee has also been studying the issue of regulating unlicensed assistive personnel (UAP) and has surveyed hospitals, collected data from, and interviewed other boards of nursing that regulate UAPs, held focus meetings, and attended workshops on UAP regulation. Based on the Board's mission of protecting the public, the committee recommended and the Board approved seeking legislation in 2005 to regulate UAPs.

During 2004, the Board will be seeking the assistance of stakeholders in developing legislation that offers protection for the public and is beneficial to employers of unlicensed assistive personnel.

Practice-Focused Continuing Education

Nursing practice is very dynamic and changes rapidly. The Board of Nursing considers it essential for any nurse who holds an active license to keep up with these changes in order to

provide safe, competent care. Remember, the mission of the ASBN is to protect the public. One way this can be accomplished is by requiring nurses to keep their knowledge current

through continuing education. The continuing education requirements became effective in July 2003. These requirements can be met in one of the following three ways:

- 15 practice-focused contact hours from a national or state continuing education approval body recognized by ASBN
- OR
- Maintenance of certification or recertification by a national certifying body recognized by ASBN
- OR
- Completion of an academic course in nursing or related field.

The most common method of meeting the requirements is by obtaining contact hours. These hours can be obtained through home study, nursing journals, Internet sources, or by attending workshops. A list of upcoming workshops and Internet websites can be found on the ASBN website, www.arsbn.org, at the continuing education link under Educational Resources. The way to determine if these will be accepted for license renewal is to make sure the program meets each of the following criteria:

- 1) Practice-focused and within the nurse's scope of practice
 - AND
 - 2) Accredited by an organization on the ASBN Approval Body list.
- First, practice-focused means related to the area in which the nurse works. For example, if the nurse works in a pediatrician's office, the contact hours must have a pediatric focus and relate to the type of patients seen in the office such as asthma, growth and development, immunizations, chicken pox, and so on. Because non-working nurses don't have a specific practice, they can obtain contact hours on any nursing topic. Many topics are applicable to every nurse, such as legal and ethical issues, documentation, critical thinking, professional accountability, disciplinary action, the *Nurse Practice Act*, and bioterrorism.

The program brochure or document should list who would benefit from attendance. It may list several professions in the target audience, such as nurses, social workers, dietitians, physi-

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by Sue Tedford

Director of
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cians, or physical therapists. It is acceptable for other professionals to be listed in the target audience, but nurses must be included in the list. Next, look for the accreditation statement. The accrediting organization must be found on the ASBN Approval Body list. This Approval Body list can be found on the ASBN webpage.

Many nurses still continue to hold an active license but are not working as a nurse. Arkansas law does not require an individual to work as a nurse in order to hold an active license. However, whether working or not, all nurses with an active license must meet the continuing education requirements. Nonworking nurses who do not want to meet the continuing education requirements have two options for their licenses: (1) "inactive" status or (2) "retired" status.

To place a license in "inactive" status, a written request must be submitted to the Board of Nursing office. During the time the license is "inactive" the nurse cannot work as a nurse or use the title of RN, LPN, or LPTN. For the period of time the license is "inactive," there are no renewal fees nor do the continuing education requirements have to be met. Prior to reactivation of the license, the continuing education requirements must be met. A Board approved refresher course will be required if the license was "inactive" for five or more years.

The second option for the non-working nurse is to place the license in "retired" status. While the license is "retired," the nurse may still use the appropriate title (RN, LPN, LPTN, or APN) but cannot work in the role of a nurse. The "retired" license must be renewed every two years for a \$10.00 renewal fee, but continuing education is not required. The continuing education requirements must be met prior to reactivation.

Sue Tedford was named Nurse of the Year at the Arkansas Nurses Association 2003 biannual convention.

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COURSE DESCRIPTION: This is a one day conference that will address timely issues in mental health and mental competency in older adults. This will include issues of abuse, mental competency, treatment decision-making, and others. Education credits will be offered. This meeting is sponsored by the **Little Rock VA Geriatric Research, Education and Clinical Center (GRECC)** and the **Arkansas Geriatric Education Center**. Contact: Kay Guthrie (501/257-5547 or guthriekayb@uams.edu). Registration: 501-661-7962 or visit our website at www.littlerockgrecc.org



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New Standards for Nursing Education Programs:

ASBN Rules and Regulations Chapter Six Revised

A committee, appointed in 2001, was given the task of reviewing the existing "Minimum Requirements for Nursing Education Programs" (ASBN Rules & Regulations, Chapter Six) and making revisions as deemed necessary. After much hard work and with input from ASBN staff and the Nurse Administrators of Nursing Education Programs, the revisions were completed. The Board approved the changes in November 2003 and the Legislative Committee on Public Health, Welfare and Labor gave their approval in December 2003. The new Chapter Six can be found on the ASBN webpage, www.arsbn.org.

The following is a synopsis of the major changes that were made:

- Practical Nurse (PN) programs will be surveyed every five years instead of every three years. (Section I, B, 1a)
- Directors of PN programs appointed after January 1, 2004, must have a BSN or higher degree. (Section II, F 1b)
- Faculty teaching in a baccalaureate, diploma, associate degree, or practical nurse program shall have a degree or diploma above the type of education program offered. (Section II, F, 2c)
- Nurses serving as assistant clinical

instructors in a baccalaureate, diploma, associate degree, or practical nurse program may have a degree or diploma at or above the type of education program offered. (Section II, F, 2d)

- Added theoretical content that shall be included in all nursing programs (Section II, I, 1g):
 - Introduction to current federal and state patient care guidelines.
 - Current and emerging infectious diseases.
 - Emergency preparedness for natural and man made disasters.
 - Impact of genetic research and cloning.
 - End of life care.
 - Legal and ethical aspects of nursing, including the *Nurse Practice Act of Arkansas*.
- Additions to the PN curriculum content include IV therapy and principles of management in long-term care including delegation. (Section II, I, 2d)
- The number of hours for each specific content area in the PN curriculum was deleted. The total number of theory hours remains at 560 and clinical hours remain at 768. (Section II, I, 2b)
- The guidelines for the LPTN curriculum were deleted and guidelines for advanced practice programs leading to licensure were clarified.

Many thanks to the following committee members who worked very hard and put in many hours:

Shirlene Harris, PhD, RN—Chairman
Ruth Hopkins, MNsc, RN—LPN representative
Linda Harwell, MNsc, MEd, RN—Diploma representative
Cathleen Shultz, PhD, RN, FAAN—BSN representative
Brenda Smith, EdD, CNM—AD representative
Billy Ferguson, CRNA—Advanced Practice representative
Calvina Thomas, PhD, RN—ASBN Staff



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First an LPN in 1971, then an RN in 1975, Barbara with several of her co-workers from the NICU at Cincinnati Children's Hospital Medical Center, sailed on what was then the newest Carnival ship, the Festival. January 1981 was the first real vacation in her life and also her first Caribbean cruise. Little did she know what the future had in store for her! One thing she was sure of from that moment on; that a cruise vacation was the most fun she had ever had! It was unbelievable, an incredible value and the most magical experience of her life. She and her coworkers were in agreement and promptly booked their next cruise vacation for January 1982! "I'll never forget my first cruise! I got off the plane in Miami to 80-degree weather, after leaving the frigid icy Cincinnati winter; to see azure blue skies and my first palm trees. I knew that this would not be my last time to experience this escape from reality!" Barbara and the other nurses from her unit continued to go on cruises every winter for many years. Then in 1990, the Ohio State Board of Nursing released the news, that soon continuing education would be a mandatory requirement for license renewal. Barbara was well aware that it was common practice for physicians to travel to wonderful vacation locations to attend conferences. She wondered why there were no "education-vacation" opportunities available for nurses.



Thus C.E.'s @ Sea was conceived in 1992. Mandatory continuing education became Ohio law in 1993 and Barbara became a cruise agent. She hosted her First Annual Neonatal Perinatal Conference Cruise to the

Caribbean in July of 1993. 2004 marks her 12th year with her business, which continues to increase in sales and success every year. Each year they offer 4-6 conference cruises in a variety of nursing specialties. Also offered are several conferences for Pharmacists & Nurses. To date hundreds of nurses, pharmacists & other healthcare professionals have joined her from all over the United States and Canada. She personally has lost count of the number of ships and cruises that she has been on, well over 60, she estimates. "We have so many nurses and pharmacists coming back year after year, that I decided I wanted to show them my appreciation. I created a 14k gold pendant of our logo and started our "CBAC Club"! Anyone attending 5 conferences is inducted into the club and receives the pendant. We have so many *continued on page 25*

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Western Caribbean - February, 2005

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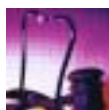


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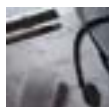
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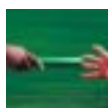
Disciplinary Actions



Nurse Practice Acts



Documentation



Professional Accountability & Legal Liability



Ethics of Nursing Practice



Sharpening Critical Thinking Skills



Medication Errors

C.E.'s @ Sea...

continued from page 23

that have attended 10 times that we now mark this milestone by placing diamonds in the port-holes of the ship on our pendant."

Barbara says that much to her surprise, this business has become much like a travel club. Each conference is like a reunion of sorts. She says it's amazing how many friends she has made. The evaluations are incredible and so is the word of mouth advertising. Nurses love this education/ vacation combination. They also really appreciate the opportunity to hear nationally known speakers, many of which have written the textbooks that they use or have researched and published articles in the journals that they read. Many have remarked how much they enjoy the opportunity to meet and network with peers. Family, children and friends are always welcome. All ships have children's programs and there is something for everyone on a cruise ship from 2yrs of age to 80! "We have many that come to celebrate birthdays, anniversaries and we've arranged several onboard weddings as well. We are a full service cruise agency!"

Conference sessions are always held in the morning on the days when the ship is at sea, from 7am- 12noon, with a 45-minute breakfast break. The rest of the day is yours to spend as you like on board with a variety of shipboard activities from which to choose and plenty of Sun...Sun...Sun and lots of Fun...Fun...Fun!! Dining is an event on a ship and the food is deliciously prepared and in abundance. Not to mention the excellent service.

Attendees dine together as a group. On days in port, you are free to make your own plans to explore the island, go to the beach or take in some important retail therapy. "We try to pamper the conference attendee while on board. We have our own C.E.'s @ Sea private message therapist who travels with our groups, Linda Schockman LMT. At the beginning of each morning conference session we do drawings for give-a-ways, full body massages and a cruise for the next year's conference. We want to show the caregivers that they are valued and very much appreciated!"

Want to know more about C.E.'s @ Sea? Visit the C.E.'s @ Sea website today at www.cesatsea.com. At the website, you can print conference brochures, their Cruz News newsletter, check out conference schedules and itineraries. You can also email C.E.'s @ Sea from the web site and request that brochures and information be sent to you.

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disciplinary actions

Disciplinary Actions—October, November 2003

The full statutory citations for disciplinary actions can be found at www.arsbn.org under *Nurse Practice Act*, Sub Chapter 3, §17-87-309. Frequent violations are ACA §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP).

Each individual nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing: 1123 South University, Suite 800; Little Rock, Arkansas 72204.

PROBATION

Abbott, Holly Ann
L42025, Judsonia
(a)(4), CP \$600.00

Caldwell, Mary Lee Tompkins
L42175, Burdette, (a)(2)& (4)

Battles, Angela Michelle Rankin Brown
R51533, Greenbrier
(a)(4)& (6), CP \$800

Bryant, Cheryl Ranae Beaver
L37518, RN Applicant, Camden
(a)(4)& (6), CP \$800

Carder, Janice Lou
L38419, Colcord, OK
(a)(2), (4)& (6), CP \$800

Delgman, Kevin John
R55410, N. Little Rock
(a)(4)& (6), CP \$800

Garner, Carrie Dean
R69266, Sherwood
(a)(4)& (6), CP \$850

Goodman, Barbara Ellen Myers
R54249, Lamar
(a)(4)& (6), CP \$900

Green, Wanda Louise Finley
R37095, Little Rock
(a)(4)& (6), CP \$800

Lambdin, Lisa Mar
L33943, Alma
(a)(4)& (6), CP \$800

Lopez, Allison Lorianne McBride
L36612, Salado
(a)(2)& (6), CP \$700

Matthias, Cherie Lea Morehead
R31797, Little Rock
(a)(4)& (6), CP \$500

Rousey, Jeannie Ann Westbrook Masterson
L31940, Farmington
(a)(4)& (6), CP \$800

Rowlett, Donna Sue
L32936, Conway
(a)(4)& (6), CP \$500

Samuels, Tina Michell Powers
L33755, Glenwood
(a)(4)& (6), CP \$800

Spears, Toni Leigh Winter
R56283, Jacksonville
(a)(6), CP \$1500

Sutton, Lori N. Garver
R41347, Benton
(a)(6), CP \$1000

Walker, Regina Carole Adams
L34007, Ashdown
(a)(4)& (6), CP \$800

Wilson, Teresa Ann Harris
L18887, Sidney
(a)(4)& (6), CP \$800

SUSPENSION

Adams, Anita Kathleen Hill
L29872, Bentonville
(a)(4)& (6), CP \$1,000

Diallo, Anne Burgin Richards
L30255, Fayetteville
Probation Non-Compliance
CP \$500

Elder, Kimberly Dawn Leonard
L38672, Marshall
Probation Non-Compliance
(a)(4)& (6), CP \$2,500

King, John Stephen
R28367, C00472, West Memphis
Probation Non-Compliance
CP \$2,500

Ledezma, Frances Carol Imler
R50885, Marquette, MI
CP \$5,000

Southerland, Susan Corinne
R33151, North Little Rock
(a)(4), (6)& (9), CP \$2,500

Yeager, Marsha Renee Dubois Orrell
L21976, Benton Probation Non-Compliance
CP \$150

VOLUNTARY SURRENDER

Belew-Beckcom, Sandra Kay
L32478, Canehill

Carter, Cherri Ann Reid
R54367, Sallisaw, OK

Furr, Rebecca Jean Horner
R34431, West Fork

Hunt, Doris Jean Duty
L23087, Batesville

Lancaster, Nancy Maureen Metz Cook
L29457, Jonesboro

Moore, William Scott
R49296, Little Rock

Snodgrass, Cynthia Yvonne Callahan Lee
R50642, Lamar

Sullivan, Ann Therese
R66024, Van Buren

Thomas, Kathy Jean Simpson
L13321, Newport

REINSTATEMENTS

Cooper, Tina Louise Bratton
R40868, Russellville

REINSTATEMENTS WITH PROBATION

Martin, Stephanie Gail
R29866, Little Rock

REINSTATEMENT DENIED

Canady, Tiffany Carleen
L32714, Van Buren

REPRIMAND

Clemons, Glenda Lucille Buckman
L08276, Little Rock, CP, \$1140

Cummings, Sonya Denise Phillips
L32048, Rison, CP, \$510

Stratton, Mary Gene Mosier
L19565, Dardanelle, CP, \$870

PROBATIONARY STATUS REMOVED

Baker, Randy Lawrence
R55219, Jonesboro

Douglas, Tina Marie Utley
L37486, State University

James, Theresa Ann
R53688, Little Rock

Yates, Judith Anne Lahman
A01623, R64745, Greenwood

WAIVER GRANTED

Amerine, Charlotte
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Curtis, Terra
Permission to take NCLEX-PN®

Waiver Denied
Blanks, Carol Denise
L24789, Little Rock

Canady, Tiffany Carleen
L32714, Van Buren

Goodrich, Karen Suzanne Forsgren
R16681, Barling

Pratt, Alan Don
R62598, L31404 (expired), Cabot

ASBN HOT CHECKS NOTICE

The following names appear on the ASBN records for checks returned to the ASBN due to insufficient funds. If practicing in Arkansas, they may be in violation of the *Nurse Practice Act* and could be subject to disciplinary action by the Board. Please contact Darla Erickson at 501.686.2705 if any are employed in your facility.

Bradley, Rosa Marie	L16658
Hughes, Kelley Lynn	L34380
Long, Debra Ann	L25461
Martin, Mary	R31132
Shaheed, Nathan	T01220
Sivils, June Elizabeth	L30290
Williams, Sally F.	L26287
Williams, Sommer Dawn	L36335

As AFMC's inpatient project manager, I have worked with hospitals across the state to help them make simple changes that can improve their quality of care and make it more consistent. When working with hospital staff to examine processes and identify changes needed, we often find that a perceived gap in performance is not an omission of care, but an omission of documentation. The care was provided, but it was not charted on the patient's medical record.

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munity. If you work and chart with high-quality patient care in mind, you will be benefiting patients as well as protecting yourself from legal and professional liability. Working with inter-

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Arkansas Department of Health Bioterrorism Advisory Committee

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Continuing Education Seminar: 9:00 am-12:00 noon

SESSION II

Update on Infection Control

(Contact Hours)

Presented by: Ms. Pamela Diane Higdem, RN, CIC

Infection Control Practitioner, Central Arkansas Veterans
Healthcare System

Cost: \$20.00, On Site registration: 12:00 noon-12:50 pm

Continuing Education Seminar: 1:00 pm-4:00 pm

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